

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008315

**Entity Name:** GRACE EVANGELICAL PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

700 S 9TH ST  
LEESBURG, FL 34748

**Current Mailing Address:**

P.O. BOX 490001  
LEESBURG, FL 34749 US

**FEI Number: 46-0852300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OGDEN, KRISTEN L.  
700 S 9TH ST  
LEESBURG, FL 34748 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: KRISTEN L. OGDEN**

**04/07/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLEE, WALTER G. SR.  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            VP  
Name            RODE, ALBERT E. JR.  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            TREASURER  
Name            HOFFMEYER, DAVID W.  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            SECRETARY  
Name            KLEE, AMANDA  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            DIRECTOR  
Name            RODE, ALBERT E. JR.  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            DIRECTOR  
Name            REED, SHELBY  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            DIRECTOR  
Name            KLEE, WALTER G. SR.  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title            DIRECTOR  
Name            OGDEN, KRISTEN L.  
Address        POST OFFICE BOX 490001  
City-State-Zip: LEESBURG FL 34749-0001

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTEN L. OGDEN**

**REGISTERED AGENT**

**04/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BYRNES, PATRICK  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749

Title           DIRECTOR  
Name           HOMONEY, JOHN C  
Address        P.O. BOX 490001  
City-State-Zip: LEESBURG FL 34749